

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Original Patent

Patentee: William Carl Slemmer

Patent No.: 5,781,043

Title: DIRECT CURRENT SUM BANDGAP
VOLTAGE COMPARATOR

Issued: July 14, 1998

Atty Dk No.: 93-C-007C2



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Reissue Application

Applicant: William Carl Slemmer

Serial No.: 09/616,821

Title: DIRECT CURRENT SUM
BANDGAP VOLTAGE
COMPARATOR

Filing Date: July 14, 2000

Atty Dk No.: 93-C-007RE (1678-28)

09/07/2001 SDIRETA1 00000002 09616821

01 FC:110
02 FC:109

125.00 OP
80.00 OP

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited in the United States Postal Service as First Class Mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on this 28th day of August, 2001.


(Signature)

AMENDMENT AND RESPONSE UNDER 37 CFR § 1.111

August 28, 2001

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

In response to the most recent Office Action in this case mailed March 28, 2001, the Applicant, acting through his attorney, requests amendment of the above referenced application as follows. A Request for Extension of Time for two months is enclosed.

JC675 U.S. PTO
09/04/01

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TRANSMITTAL LETTER

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Kelly Ridwan
Signature

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is:

A response/amendment in the above-identified application.

____ No additional claim fee is required. XX The fee has been calculated as shown below.



Computation of Fee
For Claims as Amended

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	Claims Remaining After <u>Amendment</u>		Highest Number Previously <u>Paid for</u>		Present <u>Extra</u>		<u>Rate</u>		Addl. <u>Fee</u>
Total Claims	62	Minus	55	=	7	x	<u>\$18/\$9</u>	=	\$126
Independent Claims	15	Minus	14	=	1	x	<u>\$80/\$40</u>	=	\$80
Total additional fee for this amendment									\$206

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

XX Check No. 17561 in the amount of \$206 for the additional claim fee is enclosed.

XX A Request for Extension of Time for two months is enclosed with Check No. 17560 for \$390 extension fee.

____ Charge \$ _____ to Deposit Account No. _____. A copy of this sheet is enclosed.

XX Please charge any additional fees or credit overpayment to Deposit Account No. 07-1897.

Respectfully submitted,

GRAYBEAL JACKSON HALEY LLP


Bryan A. Santarelli
Attorney for Applicants
Registration No. 37,560
155-108th Avenue N.E., Ste 350
Bellevue, WA 98004-5901
(425) 455-5575